

The Governor's Summit on Infant Mortality: State and National Update

March 1, 2013
Frankfort, Kentucky





Association of State and Territorial Health Officers (ASTHO)
"Healthy Babies Initiatives"
David Lakey, M.D.
Commissioner
Texas Department of State Health Services



March of Dimes: Healthy Babies are Worth the Wait Educational Program

HHS Secretary's Advisory Committee on Infant Mortality, 2011



HRSA Infant Mortality Summit Regions IV and VI January 2012



KY INFANT MORTALITY TEAM and COIIN Representatives

STRONG START: KY Hospital Association Safe Baby Initiative

STRONG START: University of Kentucky Model Testing award

KY GOVERNOR's SUMMIT on INFANT MORTALITY



HHS Secretary's Advisory Committee on Infant Mortality

AMCHP Compendium on Improving Birth Outcomes

ACOG reVITALize Conference

Association of State and Territorial Health Officers (ASTHO) **"Healthy Babies" Challenge**

HRSA Collaborative Improvement and Innovation Network on IM Regions IV and VI

March of Dimes: Healthy Babies are Worth the Wait Educational Program

AWHONN "Go the Full Forty" Initiative

NIH-NICHD MCH Education Program; Safe to Sleep Campaign

JCAHO Perinatal Measure Set

CDC Preconception Care Workgroup; "Show your Love"

Center for Medicaid Services (CMS): Strong Start; Expert Panel on Improving Maternal and Infant Outcomes

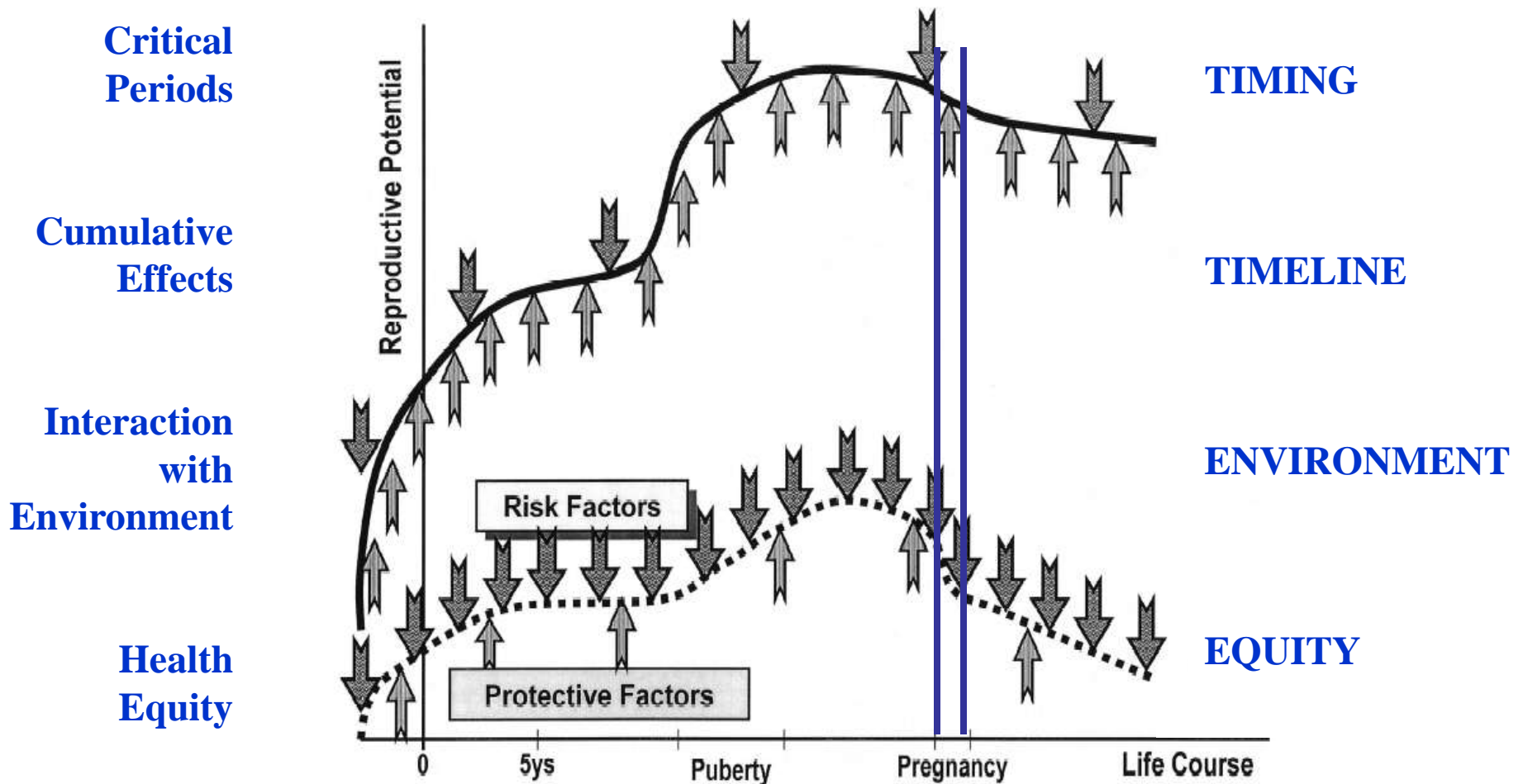
National Governor's Association: Birth Outcomes Learning Network



Ecological Influences on Health



The Life Course Perspective of Health Development



Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. Maternal Child Health J. 2003;7:13-30.

Life Course Health Development



How Risk Reduction and Health Promotion Strategies influence Health Development

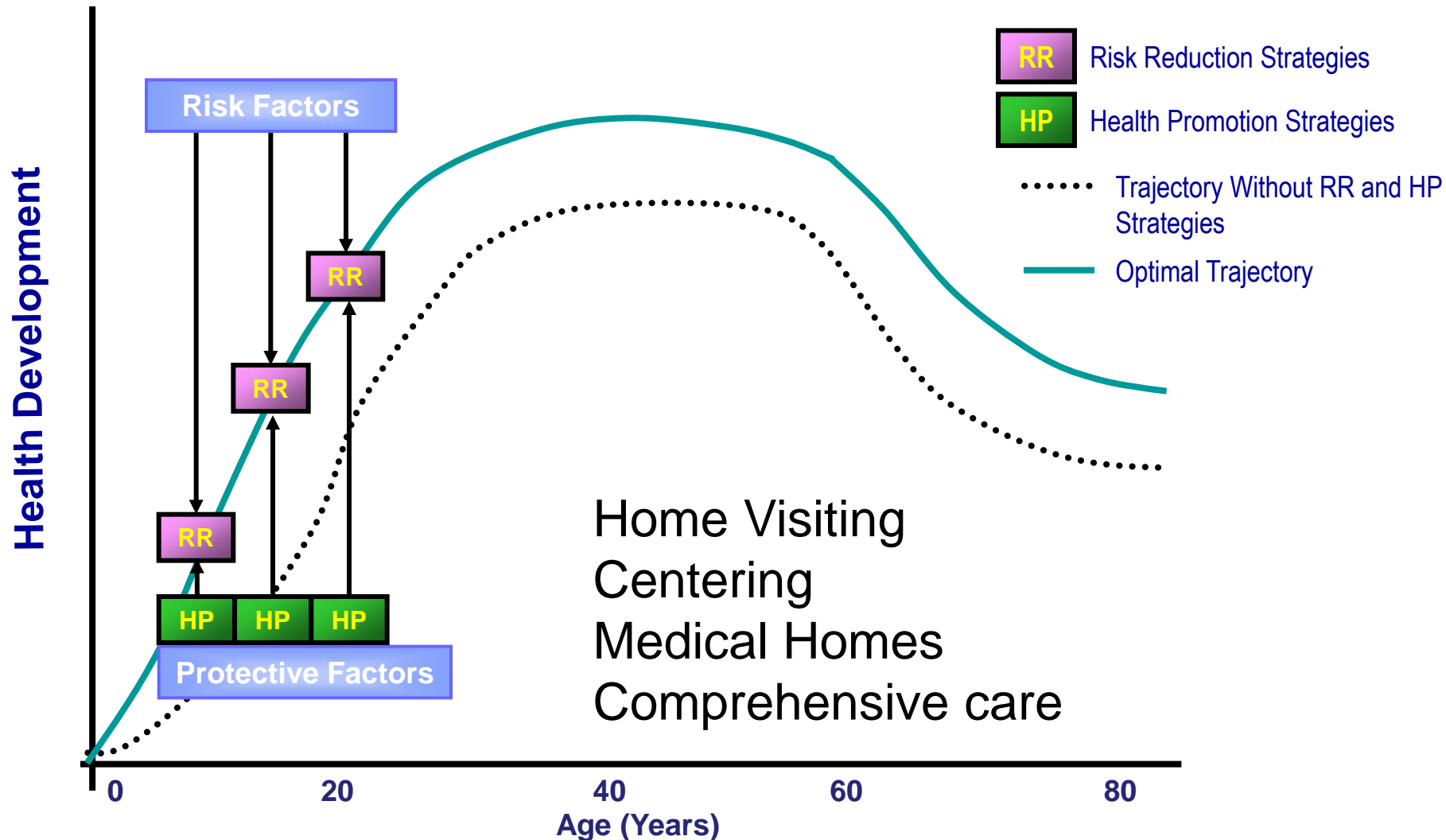


FIGURE 4: This figure illustrates how risk reduction strategies can mitigate the influence of risk factors on the developmental trajectory, and how health promotion strategies can simultaneously support and optimize the developmental trajectory. In the absence of effective risk reduction and health promotion, the developmental trajectory will be sub-optimal (dotted curve). From: Halfon, N., M. Inkelas, and M. Hochstein. 2000. The Health Development Organization: An Organizational Approach to Achieving Child Health Development. *The Milbank Quarterly* 78(3):447-497.

Strategic Directions: 6 Big Ideas

- 1. Improve the health of women across the life course.**
- 2. Ensure access to a continuum of safe and high-quality, patient-centered care.**
- 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation.**
- 4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.**
- 5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.**
- 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.**

ASTHO Presidents Challenge 2012: Healthy Babies

In collaboration with March of Dimes, ASTHO challenged each state health officer to sign a pledge to

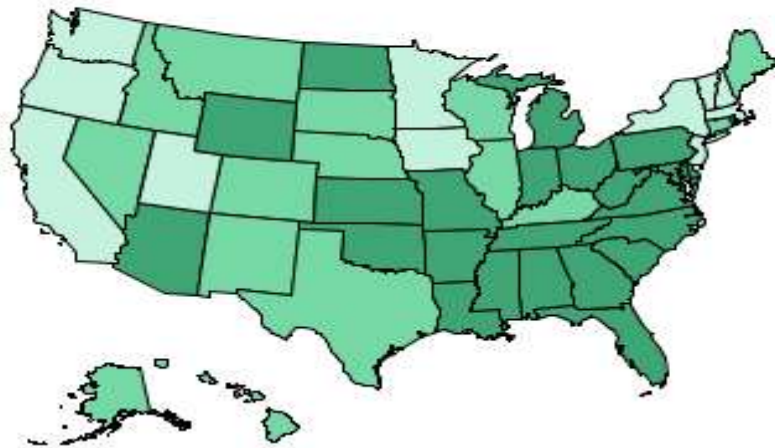
**Reduce preterm birth
by 8% by 2014
in their state.**



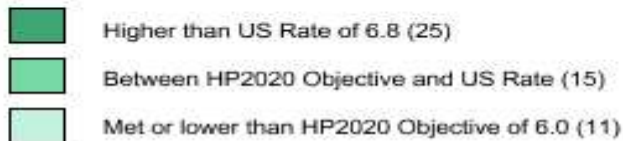
Slide from
Dr. David Lakey

Infant Mortality

2008



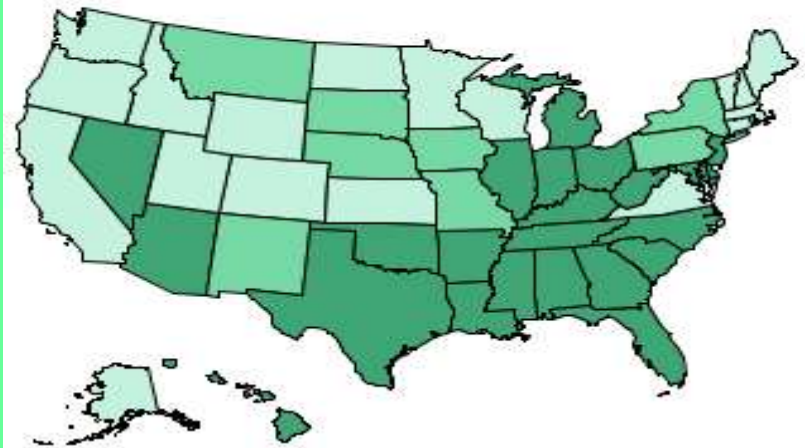
Rate per 1,000 live births



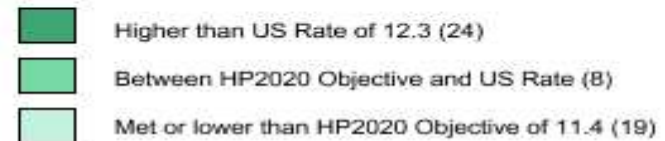
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Preterm Births

2008



Percent of live births



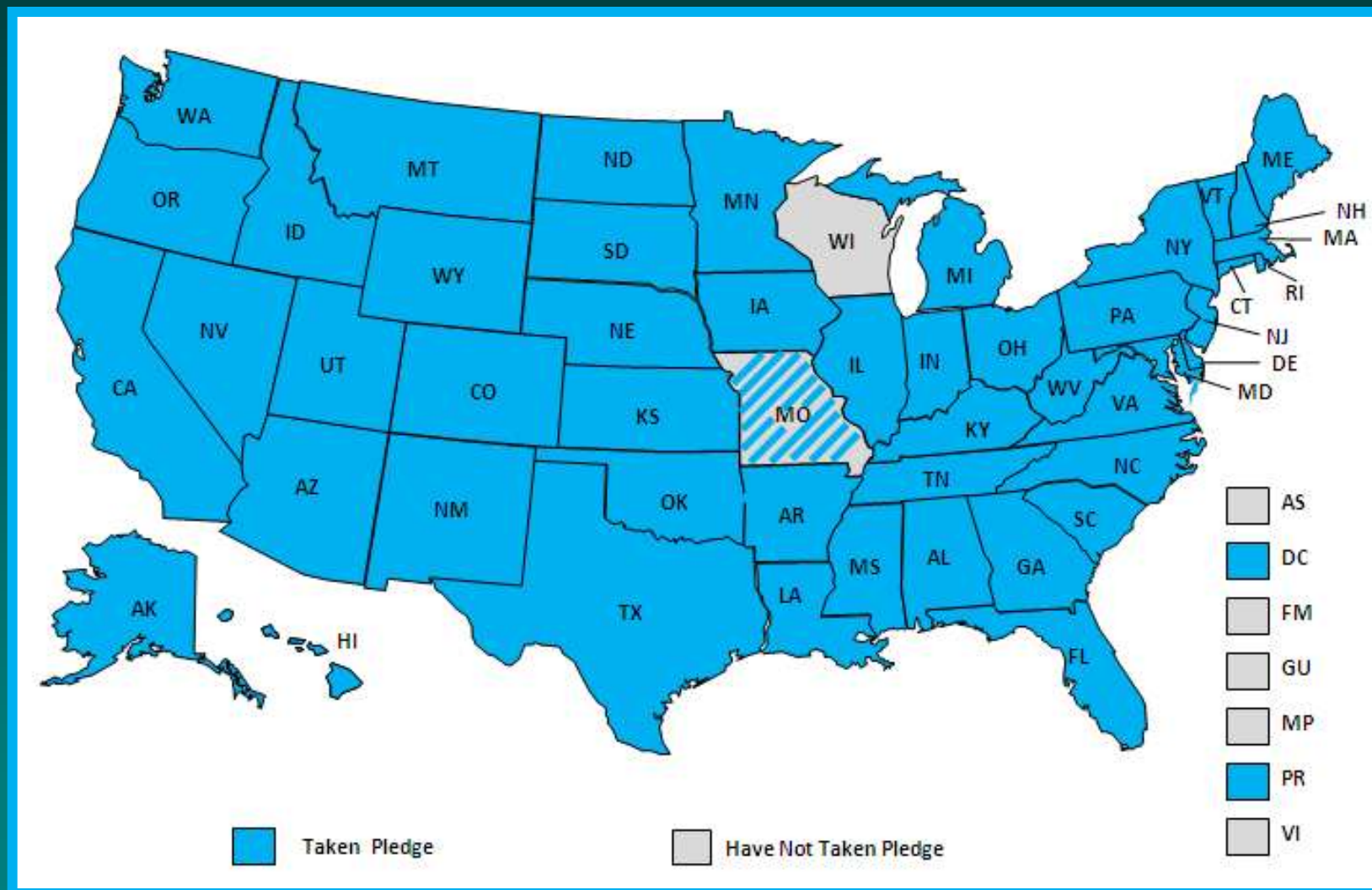
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Infant Mortality Rates

| 2006 | Infant Mortality | Preterm Birth |
|-------------------|------------------|---------------|
| Regions 4 & 6 | 7.59 | 14.4 |
| All other Regions | 6.23 | 11.9 |

ASTHO President's Challenge

Pledge to Reduce Prematurity by 8% by 2014



CoIIN Design

Common Strategies for Regions IV and VI

State Teams

State Health
Officials

MCH staff

Medicaid staff

Private partners

*Average 7-15
people*

Strategy Teams

Strategy Leads
(2-3 topical experts)

Data and/
or Methods Experts

Staff support (MCHB &
Partner Organizations)

State Representatives

Average 30-35 people



**Promote
smoking
cessation**

**Expand
Interconception
Care in
Medicaid**

**Reduce elective
deliveries**

**Enhance
perinatal
regionalization**

**Promote safe
sleep**

Contract Team with expertise in quality improvement

Developing the New Campaign Name

- New expanded campaign name—the words feel like a natural evolution from *Back To Sleep* (as focus groups participants told us).
- New expanded campaign logo integrates feedback from participants involved in the focus groups:
 - A simple image of a baby (of indiscriminate race/ethnicity) alone, clearly on its back and in a crib or obviously enclosed area without any objects in the sleep environment.

Safe to Sleep Campaign Logo



English



Spanish

Safe to Sleep Campaign Collaborators

- HRSA/Maternal and Child Health Bureau
- Centers for Disease Control and Prevention (CDC), Division of Reproductive Health*
- AAP
- American College of Obstetricians and Gynecologists (ACOG)*
- First Candle
- ASIP

* New campaign collaborators

Safe to Sleep Campaign Materials



Safe to Sleep Campaign Materials (cont'd)

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
- Do not use pillows, blankets, sleepers, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Do not smoke or let anyone smoke around your baby.
- Make sure nothing covers the baby's head.
- Always place your baby on his or her back to sleep, for naps and at night.
- Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on safe sleep guidelines, contact the Consumer Product Safety Commission at 1-800-633-2772 or <http://www.cpsc.gov>.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children & Adolescents
Prevention Research Center National Institute of Child Health and Human Development

SAFE TO SLEEP

¿Cuál es la apariencia de un ambiente seguro para dormir?

Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño



- Use una superficie firme para dormir como un colchón en una cuna que cumpla con las normas de seguridad aprobadas* y cubra el colchón con una sábana ajustable.
- No use almohadas, cobijas, piques de borrago o protectores de cuna en el lugar donde duerme el bebé.
- Mantenga los objetos suaves, juguetes y ropa de cama suelta fuera del área donde duerme su bebé.
- No fume ni permita que otros fuman alrededor de su bebé.
- Asegúrese de que ningún objeto cubra la cabeza del bebé.
- Tanto en las siestas como en la noche, siempre ponga a su bebé a dormir boca arriba.
- Póngale a su bebé ropa ligera para dormir, como mamelucos o pijamas de una sola pieza, en lugar de usar una cobija.
- Su bebé no debe dormir solo ni acompañado en una cama de adultos, un sofá o una silla.

*Para obtener más información sobre las normas de seguridad de las cunas, llame gratis a la Comisión de Seguridad de Productos del Consumidor al 1-800-633-2772 (en español o en inglés) o visite su página electrónica en <http://www.cpsc.gov>.

DEPARTAMENTO DE SALUD Y SERVICIOS
ADMINISTRACIÓN DE LOS NIÑOS Y ADOLESCENTES
CENTRO NACIONAL DE PREVENCIÓN DE LESIONES
INSTITUTO NACIONAL DE LA NIÑEZ Y LA JUVENTUD
INSTITUTO NACIONAL DE SALUD Y DESARROLLO DE LA NIÑEZ

SEGURO AL DORMIR

Aims & Strategies:

Interconception Care in Medicaid

STRATEGIES

AIM: Modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and inter-conception care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.

Leadership at the Federal, State and Local Level

Capability and Capacity for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation

Preconception & Interconception Care



- IOM Clinical Preventive Services for Women
 - Contraceptive services
 - Lactation support
 - HIV testing
 - HPV testing
 - STI testing
 - Interpersonal and domestic violence screening
 - Gestational diabetes screening
 - Well-woman preventive care visit including *pre- and interconception care*



Preconception Care and Health Care

Preconception Home

- Overview
- Planning for Pregnancy
- Women
- Men
- Reproductive Life Plan
- Health Professionals
- Resource Center
- Articles and Documents
- **Show Your Love Campaign Materials**
- Get Involved
- Partners Spotlight

Information For...

- Media
- Policy Makers

[CDC Homepage](#) > [Preconception Home](#)

[Recommend](#) 105 [Tweet](#) [Share](#)

Show Your Love Campaign

Show Your Love is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare. The campaign's main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors *before* becoming pregnant. For those women who don't want to start a family in the near future or at all, the campaign encourages them to choose healthy behaviors so that they can be their best and achieve the goals and dreams they have set for themselves.



Partners: Get Involved with *Show Your Love*

Buttons, posters, videos, and other resources are now available to help you promote preconception health to women in your communities. Please visit our page regularly, as we continue to update and add new resources.

Resources to Get Involved

- [Buttons](#) »
- [Checklists](#) »
- [Press Releases](#) »
- [Talking Points](#) »
- [E-Cards](#) »
- [Posters](#) »
- [Videos, PSAs, and Podcasts](#) »
- [Image Library](#) »

[Email page link](#)

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Preconception Health and Health Care in

[Español \(Spanish\)](#)

Contact Us:

- Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
- 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
New Hours of Operation
8am-8pm ET/Monday-Friday
Closed Holidays
- cdcinfo@cdc.gov

Aims & Strategies:

Enhance Perinatal Regionalization

STRATEGIES

AIM: Increase the percent of mothers delivering at appropriate facilities (including infants <32 weeks gestation and/or less than 1500 grams) to 90% (or by 20% above baseline) in Regions IV and VI by December 2013.

Data

Maternal Care –**Maternal Levels of Care**

Policy and Incentives

Guidelines for Levels of Care

Leadership at the Federal, State and Local Level

Aims & Strategies:

Increase Smoking Cessation

STRATEGIES

AIM: Decrease the tobacco smoking rate by 3% among pregnant women in the states of Regions IV and VI by December 31, 2013.

Leadership at the Federal, state and local level

Capacity and Capability for Comprehensive Systems

Changes and Enhancements in Financial and Other Policies / Payments

Community Engagement

Public Awareness

Data Collection, Monitoring and Innovation

Results



Chi-square Analyses for Perinatal Outcomes (Significance $p < .05^*$)

| | Prior to Ordinance % | Post Ordinance % | p-value |
|---------------------------------------|-------------------------|---------------------|----------|
| Low Birth Weight | 7.44% | 7.15% | 0.1306 |
| Preterm Birth | 10.7% | 9.23% | 0.0001* |
| Smoking Prior to Pregnancy (PRIOR) | 23.80% | 19.46% | <0.0001* |

Aims & Strategies:

Reduce Elective Deliveries < 39 wks

STRATEGIES

AIM: By August, 2013, reduce the proportion of non-medically indicated deliveries < 39 weeks by 33% in the Region IV and VI states.

Leadership at the Federal, State and Local Level

Capacity and Capability for Comprehensive Systems

Changes and Enhancements in Policy and Financial Approaches

Community Engagement [Partnerships and Collaboration]

Public Awareness

Data Collection, Monitoring and Innovation

Decreasing Elective Deliveries Before 39 Weeks in an Integrated Health Care System

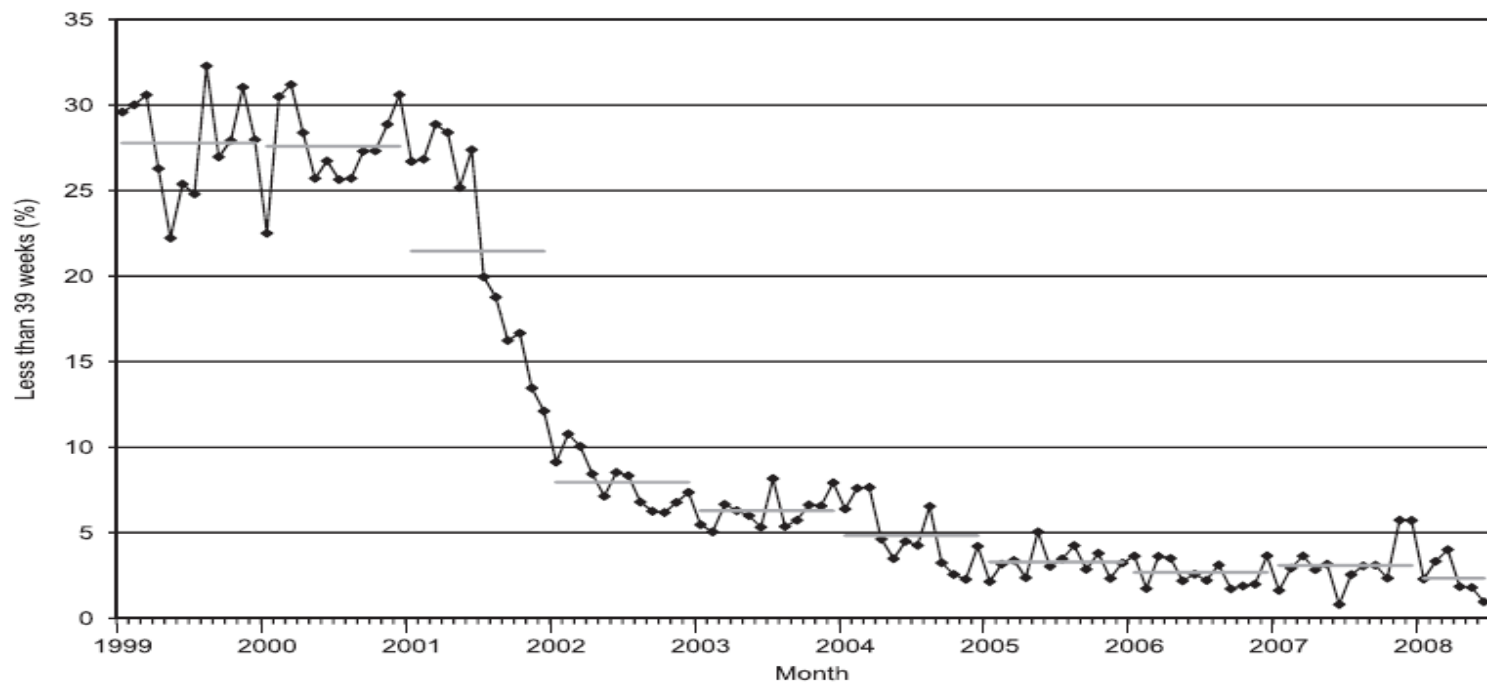


Fig. 3. Percent of elective deliveries before 39 weeks of gestation. Data from Intermountain Healthcare. Oshiro. *Decreasing Elective Deliveries Before 39 Weeks*. *Obstet Gynecol* 2009.



ACOG News

from ACOG Government Affairs



February 20, 2013

A Message from ACOG President James T. Breeden, MD

ACOG Leads No EED Effort

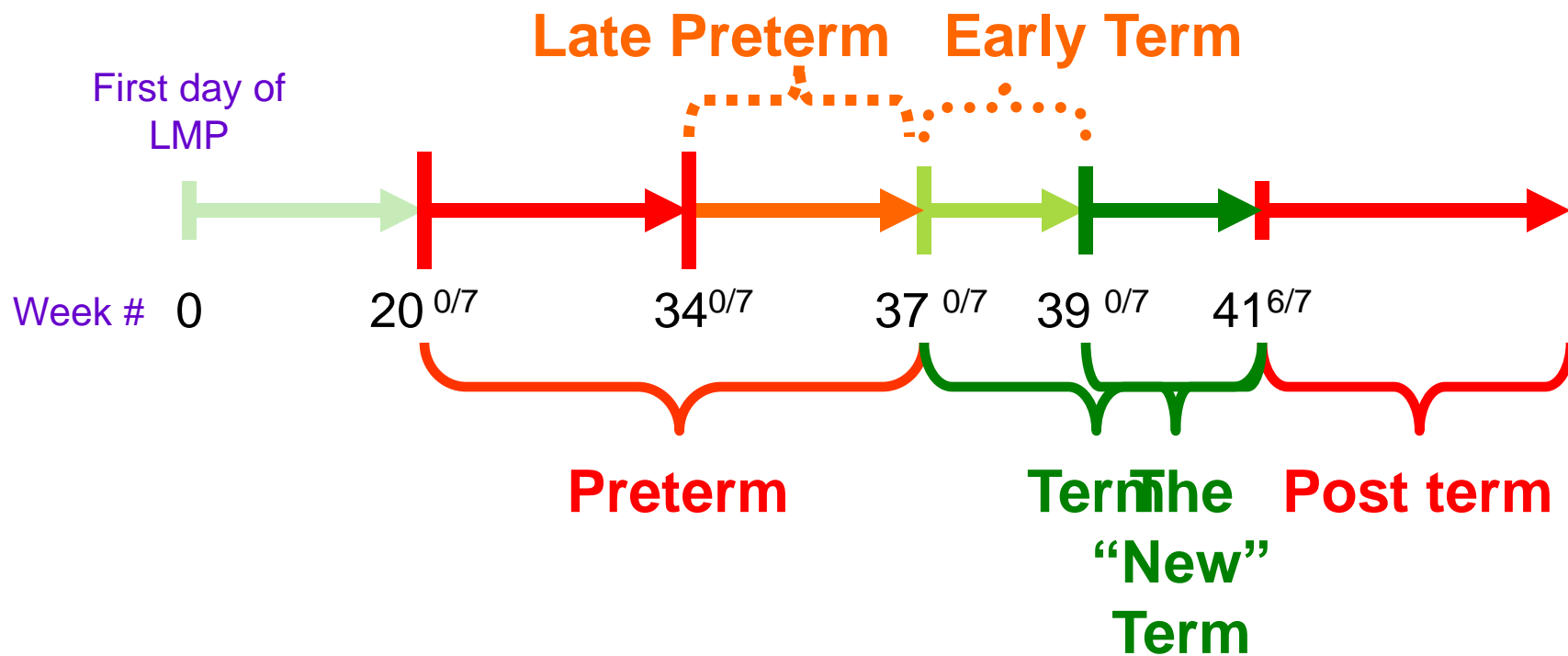
ACOG is leading the maternity care transformation in many important ways. Last week, ACOG Executive Vice President Hal Lawrence, MD convened a summit of our nation's maternity care providers to develop an action plan to implement no early elective -- NOT MEDICALLY INDICATED -- delivery (EED) policies in all maternity hospitals.

Attending the summit were representatives and leaders from the American Hospital Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Nurse Midwives, the Association of Women's Obstetric Neonatal Nurses, the Partnership for Patients, the March of Dimes, and the HHS Center for Medicare and Medicaid Innovation. ACOG is a partner with HHS and the March of Dimes on Strong Start, a nationwide initiative to encourage no EEDs before 39 weeks.

The summit was marked by **unanimous agreement that the quality of mothers' and babies' health improves when gestation lasts a full 39 weeks; that maternal and fetal indications appropriately indicate pregnancies that need early delivery**; and that many healthy pregnancies will labor and deliver prior to 39 weeks. Partnership for Patients showed impressive changes in hospitals and hospital systems that have adopted no EED policies through Hospital Engagement Networks (HENs). And AHA shared its 2012 policy that strongly encourages its member hospitals to adopt no EED policies, an important addition to this quality transformation effort. All participants agreed to work together to translate our support and clinical evidence into health care delivery change.

I'm very proud that ACOG is at the forefront of leading this change, and I hope you are, too.

Terminology



Slide from Dr. Elliott Main

Modified from Drawing courtesy of William Engle, MD, Indiana University

+ Enlarge Slide  View Thumbnails

Next Slide >



Raising Awareness: Late Preterm Birth and Non-Medically Indicated Deliveries Prior to 39 Weeks

Physicians - maximum of 0.50 AMA PRA Category 1 Credit(s)TM

Nurses - 0.50 ANCC Contact Hour(s) (0 contact hours are in the area of pharmacology)

Nurse Practitioners - 0.50 AANP Contact Hours

Medscape
EDUCATION

The NCMHEP recently launched a CME/CE in partnership with Medscape for all maternal and child health providers to alert them to the impact and effects of late preterm birth and of inducing delivery for non-medical reasons prior to 39 weeks

STRONG START FOR MOTHERS AND NEWBORNS

- Grant opportunity from CMS Innovations Center

Medicaid finances about 40% of all births in US

Medicaid beneficiaries are at increased risk for preterm birth

A. Promote awareness and spread best practices through the Partnership for Patients Hospital Engagement Networks (ED<39 weeks)

B. Funding opportunity to test the effectiveness of new models of prenatal care that provide comprehensive services/ enhanced prenatal care

1. Group Prenatal care (e.g., Centering Pregnancy), providing peer support, health assessment, and education
2. Comprehensive prenatal care at birth center; to include collaborative practice, intensive case management, counseling and psychosocial support services
3. Enhanced prenatal care at Maternity Care Homes, including psychosocial support, education, and health promotion in addition to traditional prenatal care





Kentucky Hospital Association Initiative as a
Hospital Engagement Network for the
Partnership 4 Patients



REQUEST FOR APPLICATIONS

Learning Network on Improving Birth Outcomes

First Round States:

Connecticut

Kentucky

Louisiana

Michigan



KY Governor's Summit on Infant Mortality
March 1, 2013



Call to Action

And where infant mortality has taken the highest toll in the US, we're also partnering with state officials to create strategies and interventions to begin bringing these rates down. Our plan is to find out what works and scale up the best interventions to the national level.

*And today I'm pleased to announce my department will be collaborating in the next year **to create our nation's first ever national strategy to address infant mortality.***

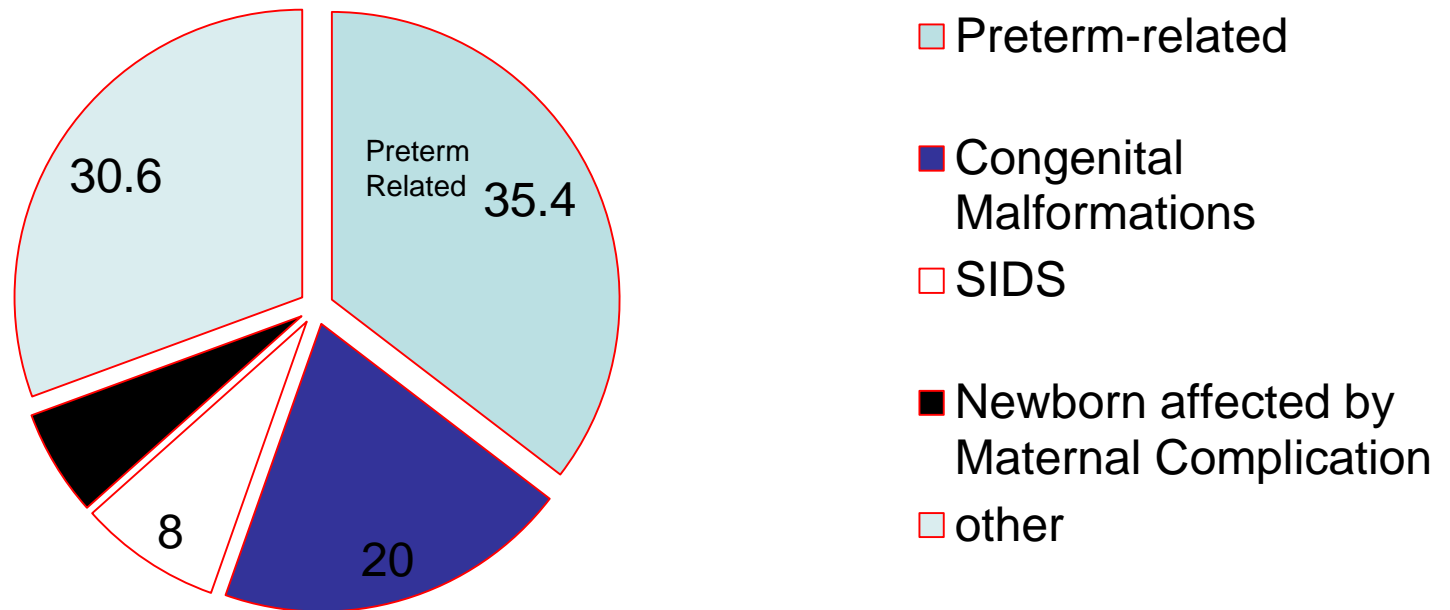
Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012

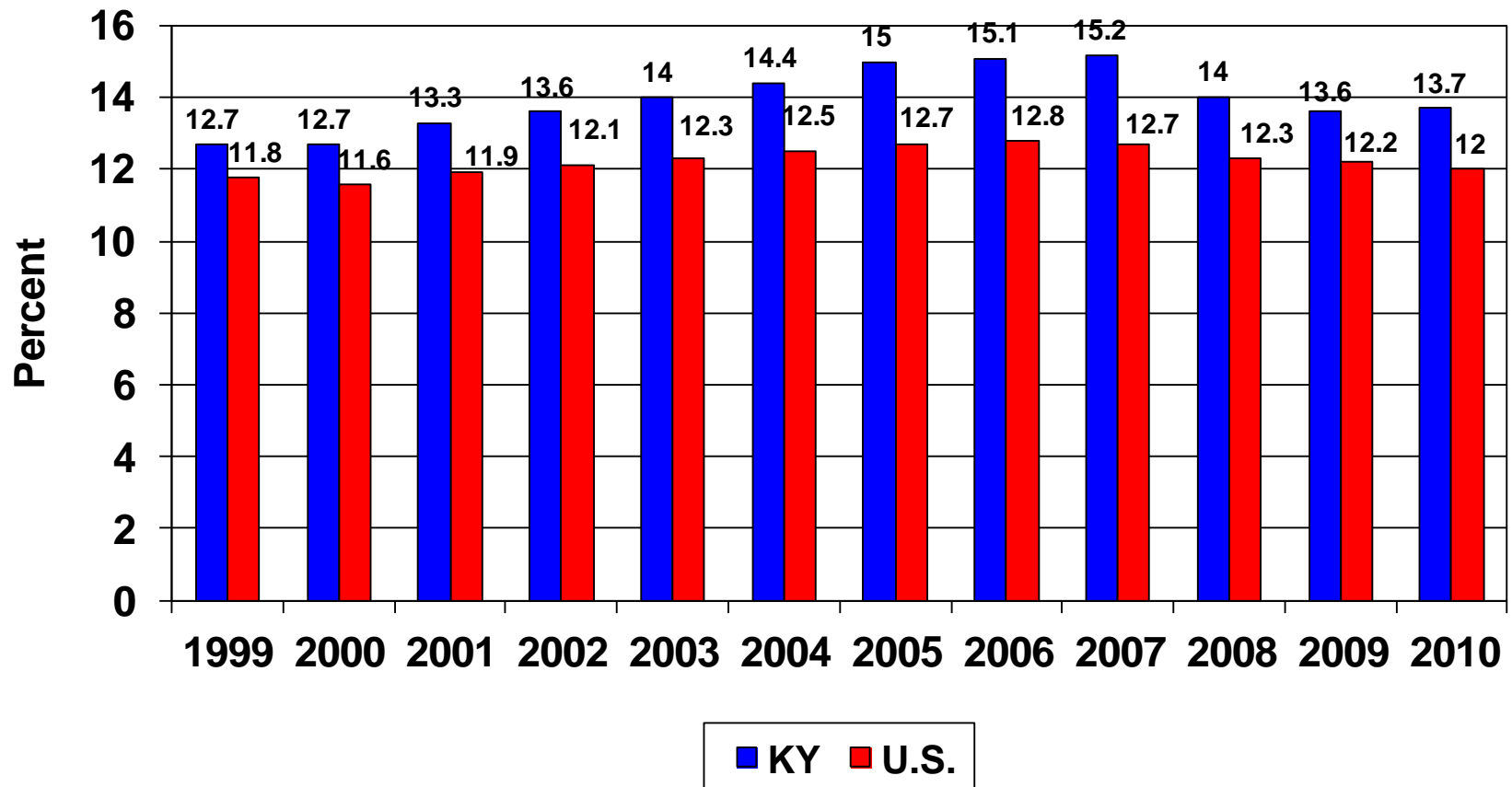
Infant Mortality

Leading Causes



Matthews TJ, MacDorman MF. 2013. Infant Mortality statistics from the 2009 period linked birth/infant death set. National Vital Statistics Reports 61(8):1-46

Percent of Live Births that were Preterm* Kentucky and U.S.

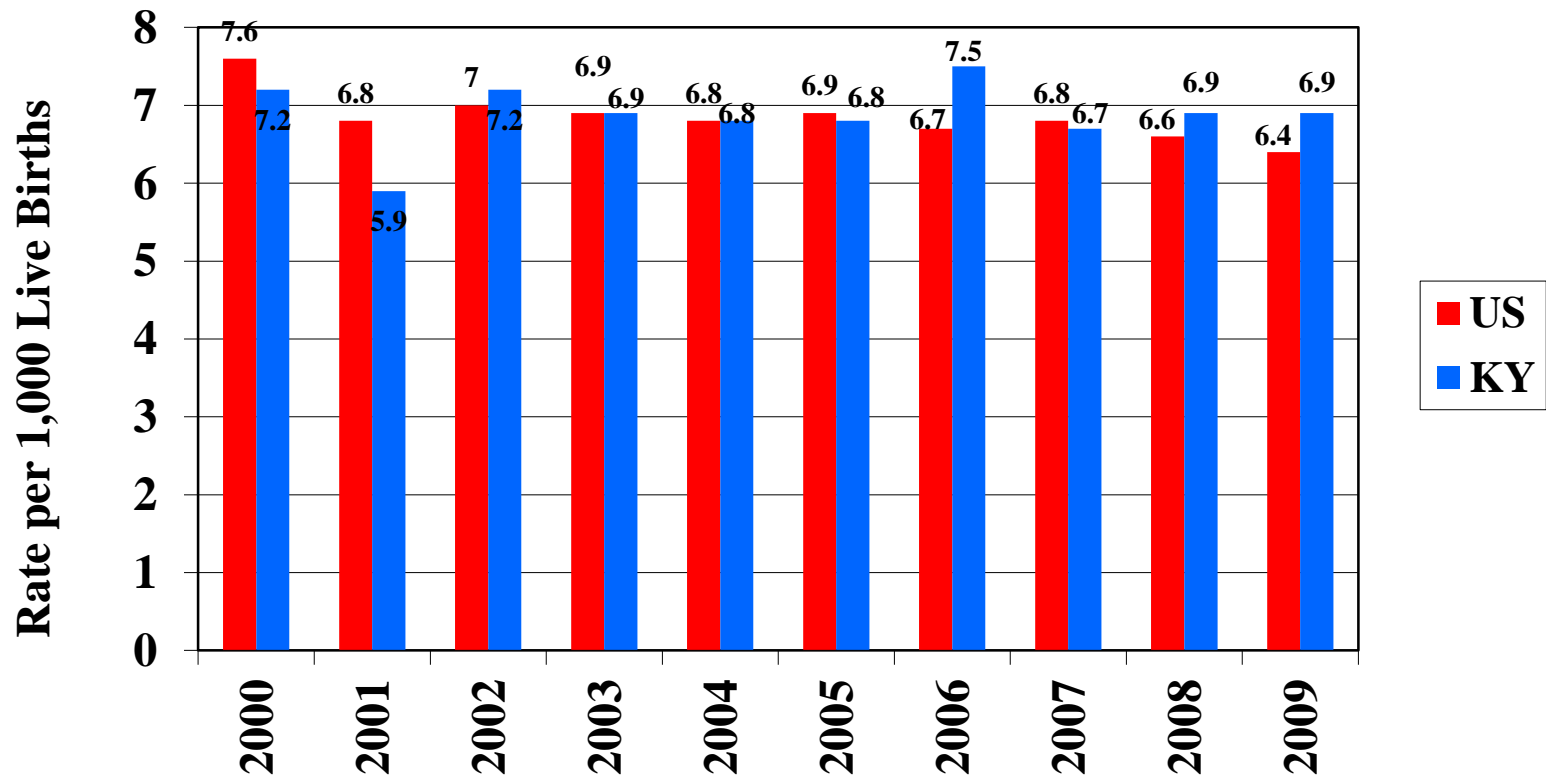


*Preterm birth is defined as any live birth occurring
<37 completed weeks gestation

Data Source: March of Dimes Peristats &
National Center for Health Statistics

Infant Mortality Rates; Trend since 2000

United States and Kentucky



Source: National Center for Health Statistics, National Vital Statistics System;
Deaths, Final Data for 2000-2009;

Governor's Summit on Infant Mortality

KY PROGRAMS THAT ARE WORKING AND CAN BE ENHANCED:

- HANDS Home Visiting
- Reducing Early Elective Delivery
- Smoke-Free Ordinances

KY OPPORTUNITIES TO FURTHER ADDRESS INFANT MORTALITY

- Preconception Care
- Safe Sleep
- Neonatal Abstinence